

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH
BOARD OF MEDICAL LICENSURE
AND DISCIPLINE

IN THE MATTER OF:
JOHN R. HARRISON, M.D.

C 96-054
C 96-285
C 96-016
C 96-049

ADMINISTRATIVE DECISION

This matter came on for hearing before the duly appointed Hearing Committee of the Board of Medical Licensure and Discipline (hereinafter "Board") on April 8 and April 23, 1998 upon the Specification of Charges dated February 3, 1998. The State was represented by Bruce McIntyre. John R. Harrison, M.D. (hereinafter "Respondent") was provided with notice of the time and dates of hearing (as established by the evidence on the record) but failed to attend the hearing or otherwise attempt to contact the Board.

FACTS AND TRAVEL

This matter came to the attention of the Board of Medical Licensure and Discipline via a complaint filed with the Board by Blue Cross Blue Shield of Rhode Island on or about August 27, 1996. In addition, there were complaints from several of the Respondent's patients (Exhibits F, H and J).

As a result of the Complaints received the State commenced an investigation into the Respondent's conduct in the practice of medicine.

Following the aforesaid investigation, the Director of Health issued an Immediate Compliance Order summarily suspending the Respondent's license to practice medicine, effective September 12, 1997.

Pursuant to Section 5-37-8 of the General Laws the Respondent was accorded an opportunity for hearing with respect to the issuance of the Immediate Compliance Order as well as upon the specification of charges. From September through November 1997 Respondent was alternately represented by two unaffiliated attorneys. In November, the Respondent contacted the State and advised Attorney McIntyre and Dr. Hamolsky (prosecuting attorney for the State and Chief Administrative Officer for the Board of Medical Licensure and Discipline, respectively) that he would be proceeding without benefit of counsel. He further directed them to mail all correspondence to his brother's address in Haverhill, MA. Notices from the State to the Respondent have been received and acknowledged at that address (Exhibits C and D).

The Board heard testimony from two witnesses who are employed by Blue Cross Blue Shield of Rhode Island, to wit: Walter Reynolds, Coordinator of the Fraud and Abuse section of Blue Cross Blue Shield and Lori Langevan of the Medicare Fraud and Abuse Unit at Blue Cross Blue Shield.

They each testified as to activities undertaken by the Respondent which constitute fraud and unprofessional conduct in the practice of medicine. Specifically, the Respondent treated patients in his office who were eligible for Medicare

reimbursement. In the treatment of persons eligible for medicare, the Respondent was required to do one of the following: to charge the patient nothing and bill Medicare directly for the treatment pursuant to the Medicare fee schedule, or to charge the patient at the time of treatment pursuant to the fee schedule and to thereafter process the patient's paperwork with Blue Cross Blue Shield so the patient could obtain reimbursement.

The witnesses testified, and the letters of complaint in the record of hearing bear out, that the Respondent charged his patients directly at their office visits. Many times the fee charged exceeded the medicare schedule and was therefore unlawful. Further, following payment by the patients, the Respondent would refuse to file the paperwork necessary to obtain reimbursement for the patient as he is obligated to do, or he would file the paperwork in such a manner that he would receive the reimbursement rather than the patients. He then refused to reimburse the patients the money due to them. When staff at Blue Cross Blue Shield attempted to correct the billing problems, the Respondent refused to cooperate. He sent correspondence to the Fraud and Abuse Unit addressing same to the "spy people" at Blue Cross Blue Shield. He also accused the unit of sending "spies" to his office, sending him fake patients and "engaging in unconstitutional, illegal, unethical activity...paid for by the taxpayers". He claimed in his letters to have been "harassed" by the "medicare spy system".

The witnesses testified that in their dealings with the

Respondent, they were uncertain whether he was persisting in this illegal activity with respect to the billing of patients intentionally or whether he was emotionally impaired and incapable of understanding what procedure was required of him.

In any event, for those patients who complained, Blue Cross Blue Shield processed the paperwork and paid the patients despite the fact that the unit had already reimbursed the Respondent. Blue Cross Blue Shield will seek payment from the Respondent.

Robert E. Baute, M.D. testified as to Respondent's practice at Kent County Hospital where the Respondent had been on staff until 1996 (Exhibit S). Dr. Baute was the Medical Director at the hospital until June, 1996 and the President since that date.

Dr. Baute testified as to a number of incidents involving the Respondent. In particular, there was an incident involving a medical records transcriptionist. The transcriptionist had requested that the Respondent complete his medical charts which were overdue. The Respondent became extremely angry and threw all of the files on the floor saying that he would only complete the charts which had reached "deficient status" and not the ones which were merely overdue. Dr. Baute testified as to a number of other incidences involving the Respondent's interaction with staff at the hospital, as well as the Respondent's mismanagement of his patients. In general, Dr. Baute stated that the Respondent's interactive problems with staff were more significant than his patient mismanagement.

The evidence deduced from Dr. Baute would also indicate that

the Respondent suffered from a medical condition of a mental nature which required medication and care. The Respondent had advised hospital personnel that he was continuing medical care and drug therapy.

By 1993 the Respondent's behavior had become so "bizarre" that Dr. Baute referred him to the peer review committee. He never completed the peer review, nor did he continue to treat patients at Kent County Hospital.

The Respondent's office secretary/receptionist, Dorothy Guertin, testified that she worked for the Respondent from 1995 through 1996. She described on the record the Respondent's general conduct in his office. Ms. Guertin substantiated the findings of Blue Cross Blue Shield, i.e., that the Respondent required all of his patients to pay "up front". Thereafter, he would not process their reimbursement paperwork, so patients would call constantly asking for their money. When Ms. Guertin attempted to have him process the paperwork, the Respondent would tell her to lie to the patient(s) and tell them that their reimbursement was in process. There were other office problems, too. she told of one occasion when a Department of Health surveyor came to the office. When Ms. Guertin announced to the Respondent that the surveyor was there, the Respondent, midway through treating a patient, "just walked out", leaving the patient there. Ten minutes later, he called the office to say he had been called to the hospital, a fact which Ms. Guertin knew was untrue. There were also other occasions when patients would seek

explanation of their medical condition or medication. The doctor would refuse to explain anything to them.

Other more unusual things happened. Ms. Guertin stated that each morning she went over the Respondent's list of patients for that day. He would then cross off some of their names saying things like "I can't deal with him (or her) today." The patient's appointment would therefore be cancelled for no reason.

In December of 1996 the Respondent told the witness that he was closing up the office and moving. She asked the Respondent whether he had referrals for the patients or whether she should begin contacting the patients to pick up their files. He said no. By the time the witness left the job, she was the Respondent's sole employee. To the best of her knowledge, the Respondent never did advise his patients that he was leaving. She told the patients that the doctor was closing his office.

During the time the witness worked at the doctor's office, he had a payroll service. However, when the checks would arrive from the service, he would keep the checks and pay the employees in cash, saying there weren't sufficient funds in his account to render the checks good. On one occasion, the Respondent told the witness he couldn't pay her at all. He offered her the typewriter instead, so she took it. The Respondent also charged the purchase of his automobile, then didn't pay the bill. When the credit card company began dunning the Respondent, he asked the witness if she would call the same credit card company to request that they increase his borrowing limit so he could afford to pay the overdue

car balance.

The last witness was Sally Anne M. Cardin, another employee within Respondent's office. She was employed in 1995 and 1996 as the front desk receptionist. She testified that the Respondent was rude to his patients, sometimes physically pushing them out the door and locking the door behind them while the patients were outside screaming to get back in the office.

Ms. Cardin testified that most of Respondent's patients were elderly and on medicare. She, too, stated that the doctor collected his fee directly from the patients and would only rarely process the reimbursement paperwork. When the patients would call looking for their money, the Respondent would refuse to speak to them.

The witness also stated that the Respondent would hang a sign visible in the office to the effect that he was "not letting the spies from Blue Cross in" to view his records.

Some days, the witness testified, the Respondent would, for no apparent reason, just say "close the office" and she would have to cancel all of the patients for that day.

Ms. Cardin further testified that in cases where the patients paid by check, she was instructed by the Respondent to go to the bank, cash the checks and return with the cash, which is how the employees would be paid.

The witness left the job when the Respondent advised her that he was moving to Georgia. He told her that the transfer of his patients was all set. He refused to give her any more specific

information.

The State advised the Board, that as far as anyone was aware, the Respondent had last worked at a Veterans Hospital in Grand Island, Nebraska, a position from which he was dismissed (Exhibit Q).

CONCLUSIONS

Based upon the foregoing, and upon the evidence produced at hearing, the Board concludes that Respondent is guilty of unprofessional conduct in that he

1. failed to transfer patient records;
2. failed to properly follow patients or refer them elsewhere;
3. refused to take patients' calls;
4. refused to consult with patients regarding their prescriptions;
5. refused to process reimbursement paperwork with Blue Cross Blue Shield to his patients' financial detriment; and
6. inappropriately treated patients while at Kent County Hospital and at the Veterans Hospital as established in the respective hospital records.

The above conduct on the part of the Respondent leads the Board to the fair conclusion that the Respondent is seriously impaired and incompetent to practice. The etiology of the Respondent's problem and the severity of it are not known to the Board at this time. The Board has a duty to protect the public

from individuals it feels are incapable of competently practicing medicine.

Based upon the evidence, the Board specifically finds that the Director of Health was justified in issuing the Immediate Compliance Order and that the Specification of Charges has been proven by the evidence presented.

The Board therefore ORDERS

1. That the license to practice medicine of the Respondent, John R. Harrison, M.D., be and hereby is **REVOKED**;
2. That in the event the Respondent seeks relicensure in the future, he shall
 - a. present medical and psychological evaluations conducted by individuals pre-approved by the Board to evidence Respondent's fitness to practice; and
 - b. if it is determined that the Respondent suffers from an underlying medical or psychiatric illness which can be treated, then he must prove by competent evidence that he is pursuing the treatment and that same does not render him unfit to practice medicine; and
 - c. prior to relicensure, if any, Respondent will be required to enroll in and successfully complete courses in clinical endocrinology (or such other specialty as he is pursuing), records keeping and accounting, ethics; and
 - d. shall perform such other and further requirements as the Board deems necessary at that time to protect the public.

health and welfare.

Barry Bailli
Chairperson

Barry Bailli
Member

Mary B. Arnold, M.D.
Member

Assented to as to form and substance and Ordered:

Patricia A. Nolan, MD, MPH
Patricia A. Nolan, MD, MPH
Director of Health

8 July 1998
Date

Plaintiff has thirty days from the date hereof within which time to file an Appeal with the Superior Court of the State of Rhode Island.

CERTIFICATION

I hereby certify that I have mailed a copy of the within ADMINISTRATIVE DECISION to John R. Harrison, M.D., 54 Crawford Street, Haverhill, MA 02132 on this 8th day of July 1998.

Sharm Beech